

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045614

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **338** Primary Registration District No. **6154** Registrar's No. **33**

FILED NOV 26 1962

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural (Richland)		c. CITY OR TOWN Dexter	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) R. F. D. #2	
3. NAME OF DECEASED (Type or print) First Harry Middle Marshall Last Johnson		4. DATE OF DEATH Month November Day 17 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-3-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME George Johnson		11b. MOTHER'S MAIDEN NAME Lizzie Vaughn	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO. R.F.D. #2	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction		14. NAME OF HUSBAND OR WIFE Lorene Johnson	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		15. INTERVAL BETWEEN ONSET AND DEATH 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION July 1958 to Nov 17 1962	
21. I attended the deceased from 12-30-61 to Nov 16 1962 and last saw him alive on Nov 16 1962		22. SIGNATURE Richard Comeau M. D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-20-62	
23c. NAME OF CEMETERY OR CREMATORY Essex		23d. LOCATION (City, town, or county) (State) Essex, Missouri	
24. FUNERAL DIRECTOR Rainey Funeral Home, Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 11-21-62	
26. REGISTRAR'S SIGNATURE David S. Leggett		27. DATE SIGNED 11-17-62	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Sevier, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.